

**Banwell**  
**Urban District Council.**  
**ANNUAL REPORT**  
**OF THE**  
**Medical Officer of Health**  
**FOR THE YEAR**  
**1925.**

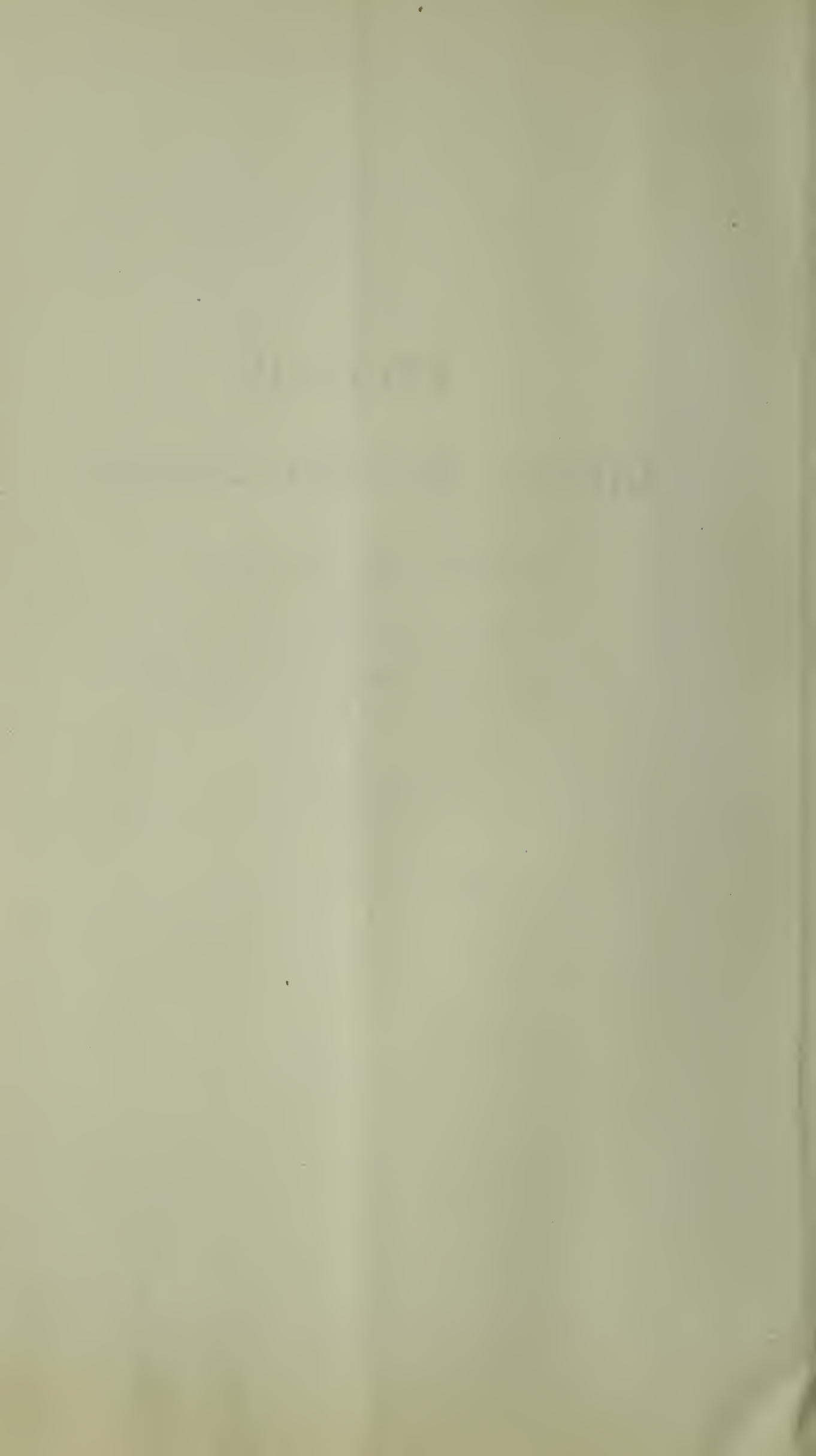
**THOMAS ORR, M.D., D.Sc.,**

Of the Middle Temple, Barrister-at-Law,  
Medical Officer of Health; also  
Medical Officer of Health,  
School Medical Officer,  
etc., Borough of Ealing.

---

EALING :

FRANCIS A. PERRY, LTD., 4, KIRCHEN ROAD.



## INDEX.

---

	PAGE
Public Health Committee ... ..	6
Maternity and Child Welfare Committee ... ..	6
Public Health Department ... ..	7
Summary of General Statistics ... ..	8
Summary of Vital Statistics ... ..	8
Comparison of Vital Statistics ... ..	8
Vital Statistics ... ..	10
Table I. ... ..	10
Table II. ... ..	11
Table III. ... ..	11
Table IIIA. ... ..	12
Table IV. ... ..	13
Table V. ... ..	25
Table VI. ... ..	27
Table VII. ... ..	28
Table VIII. ... ..	31
Prevalence and Control—Infectious Diseases ...	25
Summary Nursing Arrangements ... ..	15
Hospitals ... ..	14
Maternity and Child Welfare ... ..	32
Health Visiting ... ..	35
Summary of Work ... ..	35
Sanitary Administration ... ..	18
Laboratory Work ... ..	32
Housing ... ..	21

COUNCIL OFFICES,

HANWELL, W.7.

11th May, 1926.

*To the Hanwell Urban District Council.*

MR. CHAIRMAN, MRS. TAYLOR AND GENTLEMEN,

I beg to submit my Annual Report on the health of the District for the year 1925. I am expected, in submitting this report, to make a survey of the past five years of public health work and to make some kind of forecast for the future.

In the body of the report the vital statistics of the past five years are presented for comparison, so also is the incidence of infectious disease for the same period noted. All the figures demonstrate that there has been a gradual improvement in the health of the district.

Since taking over my duties as Medical Officer of Health in 1921, the Public Health Department has undergone a thorough re-organisation. Better provision has been made for the isolation of infectious cases, at the Chiswick and Ealing Isolation Hospital, bacteriological diagnosis has been arranged for at the Ealing Public Health Laboratory, sanitary inspections have been carried out in a more systematic manner and records have been made more complete. In the Maternity and Child Welfare scheme developments have taken place in the way of better facilities for ante-natal work at the Ealing Welfare Centre, in the provision for maternity cases at the Chiswick and Ealing Maternity Hospital, in the details of the management of the Welfare Centre and in the keeping of records. It has, however, to be admitted that Child Welfare work has been handicapped by the very inadequate and unsuitable premises in which it is conducted.

A still greater advance in all branches of the work of the department can be expected in the near future when Hanwell is included, as it is hoped it will be, on the 1st October of this year, within the Borough of Ealing. The whole of the facilities available in Ealing will then be available for Hanwell, and it is anticipated that a Maternity and Child Welfare Centre and School Clinic suitable to the needs of the area will be established. The closest co-ordination between School Medical and Child Welfare work is essential if the best results are to be obtained and this degree of co-ordination can only be attained if these activities are controlled by one department. It is hoped in the future to control both of these valuable branches of public health work from the same department as is at present the practice in the Borough of Ealing.

By the inclusion of Hanwell and Greenford in the Borough of Ealing I look forward to great progress in the whole of the new Borough, but particularly in the added areas.

I am, Mrs. Taylor and Gentlemen,

Your obedient Servant,

THOMAS ORR,

*Medical Officer of Health.*

**PUBLIC HEALTH COMMITTEE.**

---

Councillor J. J. LYNCH (*Chairman*).  
Councillors H. J. BAKER, Mrs. B. A. DENNIS,  
H. R. MARSHALL, J. SMITH, J. STYLES, and  
Mrs. E. S. TAYLOR, J.P.

---

**MATERNITY AND CHILD WELFARE COMMITTEE.**

---

Councillor Mrs. B. A. DENNIS (*Chairman*).  
Councillors G. F. BOUGHEY, T. BURCHILL,  
H. R. MARSHALL, J. STYLES and Mrs. E. S. TAYLOR, J.P.  
Mrs. EGGLETON, Mrs. HARDING, and Mrs. LUDLOW.



**STAFF.**

---

*Medical Officer of Health—*  
THOMAS ORR, M.D., D.Sc.,  
Of the Middle Temple, Barrister-at-Law.

*Sanitary Inspector—*  
C. P. H. MEADOWS,  
Sanitary Inspector's Certificate of the Royal  
Sanitary Institute, Certified Inspector  
of Meat and Other Foods.

*Health Visitor—*  
KATHERINE E. WILLIAMS.

*Clerk—*  
GEORGE W. STEPHENS.

*Medical Officer, Welfare Centre and Day Nursery—*  
JAMES A. DAVIDSON, M.D., CH.B.

*Ante-Natal Consultant—*  
JOHN W. BELL, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

*Matron, Day Nursery—*  
ALICE M. EXON, Trained Nurse.

### SUMMARY OF GENERAL STATISTICS, 1925.

Population (Estimated 1925)	...	...	...	...	20,980
Population (Census, 1921)	...	...	...	...	20,481
Population (Census, 1911)	...	...	...	...	19,129
Area of Borough in Acres	...	...	...	...	1,066
Number of Structurally Separate Dwellings (1921)	...	...	...	...	3,797
Assessable Value	...	...	...	...	£100,517
Net Produce of a Penny Rate	...	...	...	...	£382

### SUMMARY OF VITAL STATISTICS, 1925.

Births :—

Legitimate Males, 162	Females, 142	Total	304
Illegitimate Males, 5	Females, 10	Total	15
Birth-rate	...	...	15.2
Deaths : Males, 92	Females, 90	Total	182
Death-rate (Crude)	...	...	8.7
Death-rate (Standardised)	...	...	9.0
Deaths of Infants under 1 year :—			
Legitimate Males, 9	Females, 10	Total	19
Illegitimate Males, 2	Females, —	Total	2
Infant Death-rate per 1,000 Births :—			
Legitimate, 62.5	Illegitimate, 133	Total	65
Measles	...	...	—
Whooping Cough	...	1	0.04
Diarrhoea (under 2 years of age, per 1,000 births)	...	2	6.2
Diphtheria	...	...	—
Scarlet Fever	...	...	—
Influenza	...	4	0.19
Tuberculosis of Lung	...	12	0.57
Other Forms of Tuberculosis	...	4	0.19
All Forms of Tuberculosis	...	16	0.76

### Comparison of Vital Statistics of Hanwell with those of England and Wales, Etc., 1925.

	England and Wales	London	Hanwell
Birth-rate	18.3	18.0	15.2
Death-rate	12.2	11.7	9.0
Infant Death-rate	75.0	67.0	65.0
Measles Death-rate	0.13	0.08	0.00
Whooping Cough Death-rate	0.15	0.19	0.04
Diarrhoea (under 2 years, per 1,000 Births)	8.4	10.6	6.2
Diphtheria Death-rate	0.07	0.11	0.00
Scarlet Fever Death-rate	0.03	0.02	0.00
Influenza Death-rate	0.32	0.23	0.19



## NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The area of the Urban District extends to 1,066 acres. It is bounded on the east by the Borough of Ealing, on the south by the Urban District of Brentford, on the west it is separated from the Urban District of Southall by the Brent and on the north by the same stream from the Urban District of Greenford. There is no natural boundary between Hanwell and the districts of Ealing and Brentford.

The water-shed is the Brent towards which the land slopes on the north and west. About a third of the whole area slopes north from the crest of the hill, standing 134 feet above sea level, to the Brent, which is about 46 feet. On the west the ground slopes fairly steeply towards the Brent and gradually towards the southern boundary. The soil is clay in the northern half to near the line of the Great Western Railway and gravel to the southern boundary.

There is a greater proportion of working-class people in Hanwell than in the neighbouring district of Ealing.

There are no large factories in the district, although there are several small ones engaged in the making of ebonite, in making musical instruments, motor body building, the manufacture of water filters, wire drawing, hosiery knitting and in laundry work.

From the Clerk to the Board of Guardians I have obtained the information that the following Poor Law relief was distributed in Hanwell during 1925 :—

		Money			Kind			Total		
		£	s.	d.	£	s.	d.	£	s.	d.
Unemployed	...	1,934	9	4	112	7	4	2,046	16	8
Ordinary	...	76	10	6	148	6	0	224	16	6
Total	...	2,010	19	10	260	13	4	2,271	13	2

A Cottage Hospital serves the neighbourhood, dealing both with in-patients and out-patients. There are 16 beds, six for men, six for women, three for children and one private ward.

Much use is also made of the West Middlesex Hospital, which is under the management of the Brentford Board of Guardians. This Hospital, with its fine equipment, is being appreciated more and more every year, the old stigma of the Poor Law being, to some extent, gradually eliminated.

Overcrowding in houses is very marked and there is evidence that the children are being adversely affected by the conditions in which they have to live. Neither municipal nor private enterprise is making sufficient progress to cope with the overcrowding which continues to be on the increase. The overcrowding in Hanwell is worse than in the neighbouring district of Ealing.

### VITAL STATISTICS.

The *Population* at the Census of 1921 was 20,481, and was distributed in the Wards as follows:—

TABLE I.

Ward	Separate dwellings occupied	Population			Persons per Acre
		Males	Females	Total	
No. 1 (East Central) ...	1,067	2,759	3,132	5,891	39.0
No. 2 (North) ...	940	2,323	2,775	5,098	8.2
No. 3 (South) ...	791	1,906	2,159	4,065	20.2
No. 4 (West Central) ...	999	2,613	2,814	5,427	57.7
Totals ...	3,797	9,601	10,880	20,481	19.2

The following Census figures indicate the increases in the population of Hanwell in successive decades:—

Census, 1891 ...	...	...	6,139
„ 1901 ...	...	...	10,438
„ 1911 ...	...	...	19,129
„ 1921 ...	...	...	20,481

The area of the district is 1,066 acres, and the density of the population, or number of persons per acre, is 19.2. The West Central Ward is the most densely populated with 57.7 persons per acre, and the North the least with 8.2 per acre.

It is estimated by the Registrar-General that the population for 1925 is 20,980.

The *Birth-rate* shows a decrease on the previous year, being 15.2 compared with 16.9 for 1924.

The *Death-rate*, standardised for sex and age distribution, is 9.0. This is lower than in 1924. It is lower than the rate for England and Wales, which is 12.2, and lower than the rate for London, which is 11.7 per 1,000 of the population.

The *Infant Death-rate* shows an increase on the previous year, being 65 per 1,000 births compared with 53 in 1924. The Infant Death-rate for successive years since 1910 are indicated in Table II.

TABLE II.

Showing the Birth-rate, Death-rate and Infant Death-rate for Hanwell for the years 1910-1925.

<i>Year</i>		<i>Birth-rate</i>	<i>Death-rate</i>	<i>Infant Death-rate</i>
1910	...	23.0	8.1	65
1911	...	27.0	13.5	140
1912	...	27.7	9.5	68
1913	...	22.9	9.2	87
1914	...	22.0	10.9	108
1915	...	20.4	11.9	90
1916	...	18.9	10.1	82
1917	...	17.9	10.0	127
1918	...	14.8	14.3	102
1919	...	15.5	9.4	70
1920	...	24.2	8.2	54
1921	...	21.4	10.3	83
1922	...	17.3	11.2	83
1923	...	15.6	9.2	61
1924	...	16.9	11.6	53
1925	...	15.2	8.6	65

The causes of deaths of infants are indicated in Table III, which shows that out of the total 19 deaths, 6 were from premature birth, 2 from congenital defects, and 3 from atrophy, debility and marasmus.

TABLE III.

Causes of Infant Deaths, 1921 to 1925.

	1921	1922	1923	1924	1925
Diarrhoeal Diseases ... ..	7	—	2	1	1
Premature Birth ... ..	8	9	7	6	5
Congenital Defects ... ..	6	6	1	2	4
Want of Breast Milk (Starvation) ...	—	—	—	—	—
Atrophy, Debility and Marasmus ...	2	4	—	3	4
Tuberculosis Disease ... ..	1	—	—	—	—
Syphilis ... ..	—	—	—	—	—
Rickets ... ..	—	—	—	—	—
Meningitis (not Tuberculous) ...	1	1	—	1	—
Convulsions ... ..	—	—	—	1	—
Bronchitis ... ..	2	5	1	—	1
Pneumonia (all forms) ... ..	4	2	2	2	2
Gastritis ... ..	1	1	—	1	1
Common Infectious Diseases ...	—	—	3	—	—
Other Causes ... ..	4	3	4	2	3
Totals	36	31	20	19	21



In Table IIIA it will be seen that as many as eight deaths occurred under 7 days old and that 12, more than half of the total, occurred under four weeks old.

TABLE IIIA

Infant Mortality during the Year 1925.

Deaths at various ages under One Year of Age.

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
All Causes—Certified ...	8	3	—	1	12	6	1	—	2	21
Uncertified	—	—	—	—	—	—	—	—	—	—
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
Whooping-Cough...	—	—	—	—	—	—	—	—	—	—
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis ( <i>not Tuberculous</i> )	—	—	—	—	—	—	—	—	—	—
Convulsions ...	—	—	—	—	—	—	—	—	—	—
Laryngitis...	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	—	—	—	—	—	—	1	—	—	1
Pneumonia (all forms) ...	—	—	—	—	—	2	—	—	—	2
Diarrhoea ...	—	—	—	—	—	—	—	—	1	1
Enteritis ...	—	—	—	—	—	—	—	—	—	—
Gastritis ...	—	—	—	—	—	1	—	—	—	1
Syphilis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, Overlying	—	—	—	—	—	—	—	—	—	—
Injury at Birth ...	—	—	—	—	—	—	—	—	—	—
Atalectasis ...	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	—	1	—	—	1	3	—	—	—	4
Premature Birth ...	5	—	—	—	5	—	—	—	—	5
Atrophy, Debility and Marasmus	1	2	—	1	4	—	—	—	—	4
Other Causes ...	2	—	—	—	2	—	—	—	1	3
Totals ...	8	3	—	1	12	6	1	—	2	21

There was a complete absence of deaths from scarlet fever, diphtheria and measles, and only one death was recorded from whooping cough.

TABLE IV.

CAUSES OF DEATH, 1925

Cause of Death.	Male	Female	Total
Enteric Fever ... ..	—	—	—
Smallpox ... ..	—	—	—
Measles ... ..	—	—	—
Scarlet Fever ... ..	—	—	—
Whooping Cough ... ..	1	—	1
Diphtheria ... ..	—	—	—
Influenza ... ..	1	3	4
Encephalitis Lethargica ... ..	—	—	—
Meningococcal Meningitis ... ..	—	—	—
Tuberculosis of Respiratory System...	7	6	13
Other Tuberculous Diseases ... ..	2	1	3
Cancer, Malignant Disease ... ..	6	13	19
Rheumatic Fever ... ..	—	—	—
Diabetes ... ..	—	—	—
Cerebral Haemorrhage, Etc. ... ..	10	10	20
Heart Disease ... ..	19	12	31
Arterio-Sclerosis ... ..	—	—	—
Bronchitis ... ..	5	8	13
Pneumonia (all forms) ... ..	2	6	8
Other Respiratory Diseases ... ..	3	—	3
Ulcer of Stomach or Duodenum ... ..	—	1	1
Diarrhoea, etc. (Under 2 years) ... ..	2	—	2
Appendicitis and Typhlitis ... ..	1	—	1
Cirrhosis of Liver ... ..	2	—	2
Acute and Chronic Nephritis ... ..	1	1	2
Puerperal Sepsis ... ..	—	1	1
Other Accidents and Diseases of Pregnancy and Parturition ... ..	—	—	—
Congenital Debility and Malformation, Premature Birth ... ..	6	8	14
Suicide ... ..	—	1	1
Other Deaths from Violence ... ..	4	—	4
Other Defined Diseases ... ..	20	19	39
Causes ill-defined or unknown ... ..	—	—	—
Total ... ..	92	90	182



## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS.—(1) *Tuberculosis*. There are no hospitals for tuberculosis in the district. The County Council, who deal with cases of tuberculosis, have made arrangements for the cases being treated elsewhere.

(2) *Maternity*. Cases are admitted from Hanwell to the Chiswick and Ealing Maternity Hospital, the Council being responsible for the charge of 3½ guineas per week. During the year 33 cases were admitted from Hanwell. The Hospital is situated in South Ealing and is readily accessible by bus and tram, although most cases are taken in by ambulance.

(3) *Children*. The Children's Ward at the Hanwell Memorial Hospital provides accommodation for three children at a time. In this ward are treated not only children who are acutely ill, but also those who are thriving badly or who are suffering from malnutrition. Children are frequently referred for indoor and outdoor treatment at this hospital by the Medical Officer at the Child Welfare Centre.

(4) *Infectious Disease*. The Chiswick and Ealing Isolation Hospital, situated at South Ealing, provides accommodation up to 20 beds for cases of scarlet fever and diphtheria. During 1925, 21 cases of scarlet fever and 8 of diphtheria were admitted from this district.

(5) *Smallpox*. Accommodation for cases of smallpox is provided at the Smallpox Hospital, South Mimms, which is maintained by the Middlesex Joint Smallpox Hospitals Committee, of which the Urban District Council of Hanwell is a contributing authority.

AMBULANCE FACILITIES.—(a) The Chiswick and Ealing Hospitals Committee provides an ambulance in which cases of infectious disease are removed from Hanwell to the Isolation Hospital.

(b) For non-infectious and accident cases the ambulances of the Ealing Town Council are available for use either during the day or night, the Urban District Council being responsible to the Ealing Town Council for the payment of the charges.

CLINICS AND TREATMENT CENTRES.—

<i>Name</i>	<i>Address</i>	<i>Provided by</i>
1. Maternity and Child Welfare Centre.	Public Library, Cherrington Rd., Hanwell.	Hanwell Urban District Council.
2. Day Nursery.	Uxbridge Road, Hanwell.	Hanwell Urban District Council.
3. School Clinic.	Greenford Avenue, School, Hanwell.	Middlesex Edu- cation Com- mittee.
4. Tuberculosis Dispensary	Green Man Passage, West Ealing.	Middlesex County Council.
5. Treatment Centre for Venereal Diseases.	At various London Hospitals, the nearest being the West London Hospital.	

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.—The Sanitary Inspector (Mr. C. P. H. Meadows) and the Health Visitor (Miss K. Williams) are whole-time officers. To the salary of the former a contribution is made under the Public Health Acts by the County Council, and to that of the latter a contribution is made by means of Exchequer grants.

PROFESSIONAL NURSING IN THE HOME.—(a) *General.* The District Nurse, who is employed by the Hanwell District Nursing Association, continues to do extremely good work in caring for the sick in the district. Her services are utilised by the Council in the nursing of children under five years of age suffering from measles, whooping cough and poliomyelitis, but owing to the small number of these cases in the district and particularly owing to the absence of complications there was not much call for her assistance in this respect during the year.

At the Welfare Centre the District Nurse, in return for a contribution which the Council makes towards the Association's funds, assists the Health Visitor in the weighing of the children. she has, in this work, given valuable help and at the same time has made herself known to the mothers who may seek nursing assistance in the future at their homes.

(b) *Infectious Disease.* The Council contributes £50 to the funds of the District Nursing Association in return for which the nurse is expected to attend, when required, cases of measles, whooping cough and poliomyelitis among children under 5 years of age and to treat cases of ophthalmia neonatorum.

MIDWIVES. There are two midwives, both of whom are trained, practising in the district. No midwife is employed by the Council, but in cases of necessity a midwife may be engaged on the advice of the Health Visitor and the fee is paid out of voluntary funds which are available for this and other similar purposes connected with maternity and child welfare.

**Adoptive Acts, Bye-Laws and Local Regulations relating to Public Health, in force in the District, with date of Adoption.**

Public Health Acts (Amendment) Act, 1890.    27th October, 1902.  
Infectious Diseases (Prevention) Act, 1890.    12th April, 1902.  
Public Health Acts (Amendment) Act, 1907.    10th December, 1908,

*Bye-Laws*, with date of making, with respect to :—

(1) Prevention of nuisances arising from sewage, filth, etc., keeping of animals, and (2) Cleansing of earth closets, privies, ashpits and cesspools, February 15th, 1887.

Common Lodging Houses, February 15th, 1887.

Slaughter-houses, February 15th, 1887.

New Streets and Buildings, September 19th, 1905.

Houses let in Lodgings, August 18th, 1902.

Drainage of Existing Buildings, November 16th, 1909.

Bye-Laws under Section 26 (1) of the Public Health Acts (Amendment) Act, 1890, November 16th, 1909.

Tents, Vans, Sheds, etc., under the Housing of the Working Classes Act, 1885, December 19th, 1906.

*Regulations* :—

Regulation under the Dairies, Cowsheds and Milkshops Order of 1885, January 1st, 1905.



## SANITARY CIRCUMSTANCES OF THE DISTRICT.

WATER.—The water supply is under the control of the Metropolitan Water Board.

RIVERS AND STREAMS.—The river Brent, which forms the northern and western boundary, and which used to be grossly polluted, has shown much improvement in recent years as a result of better purification processes in the sewage works on the upper reaches of the stream.

DRAINAGE AND SEWERAGE.—The drainage of many of the old houses is far from satisfactory, having been constructed at a time when there was little appreciation of the advantages of good drainage and when there was little supervision on the part of the District Council. Many of the drains, however, are being thoroughly reconstructed and are being brought up to the requirements of modern practice. The survey of the old houses is being systematically carried out and the reconstruction of the drains is being accomplished at the same time as the houses are being rendered, in every respect, fit for human habitation.

On only one occasion during the last five years has difficulty arisen with regard to the sewerage of the district. This occurred three years ago when after a severe and rapid rainfall the sewer in St. Margaret's Road proved incapable of dealing with the large amount of water and there was an overflow of sewage through gullies into several of the yards. Although there have been severe rainfalls since that occasion there has been no similar occurrence. Recently it has been discovered that the failure of this part of the sewer was due to the joining up of a large number of surface water drains with the sewer in the roadway, the junctions having been carried out without the authority of the Council. As far as practicable these surface water drains have been disconnected from the soil sewer and connected to the surface water main sewer. Further, an improvement will be brought about by the reconstruction of an old surface water sewer running from the region of St. Margaret's Road and discharging into the Brent.

The Sewage Disposal Works are situated in a very convenient position to deal with the sewage of the district. The sewage is precipitated by lime and the sludge is dealt with by land treatment. Some improvements will have to be effected on some future occasion so as to prevent complaints of smell which are so apt to arise under certain climatic conditions in warm weather.

CLOSET ACCOMMODATION.—The whole of the houses in the district are supplied with water-closet accommodation and there are no privies or earth closets.

SCAVENGING.—Movable ash-bins with proper covers are insisted upon for all houses and business premises in the district. Refuse collection once a week is the rule and the refuse is conveyed to the refuse destructor where it is burned. The refuse destructor is situated at the Sewage Disposal Works.

SANITARY INSPECTION OF THE AREA.—The following is a summary of the work of the Sanitary Inspector during the year and other action taken under the Public Health Acts, Bye-Laws, Etc. :—

#### GENERAL.

Number of Premises inspected on Complaint	...	...	418
Number of Nuisances observed by the Inspector	...	...	215
Number of Premises inspected in connection with Infectious Disease	...	...	337
Number of Premises visited by Periodical Inspection (Cowsheds, Dairies, Slaughter-houses, Workshops, Etc.)	...	...	722
Number of Houses inspected under House-to-House Survey	...	...	142
Food Inspections	...	...	325
Total number of Re-inspections	...	...	4,318
Total Number of Inspections and Re-inspections			6,477
Number of Intimation Notices given	...	...	456
Number of other Letters written	...	...	328
Number of Statutory Notices served	...	...	56
Proceedings before Magistrates	...	...	—

#### DAIRIES, COWSHEDS AND MILK SHOPS.

Number of Cowsheds on Register	...	...	—
Number of Inspections made of Cowsheds	...	...	—
Contraventions of Regulations	...	...	—
Number of Retail Purveyors on Register	...	...	20
Number of Inspections of Premises	...	...	107
Contraventions of Regulations	...	...	—
Proceedings before Magistrates	...	...	—

#### SLAUGHTER-HOUSES.

Number of Registered or Licensed Slaughter-houses	...	...	2
Number of Inspections made	...	...	155
Contraventions of Regulations	...	...	—
Proceedings before Magistrates	...	...	—



FACTORIES AND WORKSHOPS.

Registered Workshops	...	...	...	...	53
Factories	...	...	...	...	26
Number of Inspections of Factories	...	...	...	18	
and Workshops and Workplaces	...	...	...	139	
				—	157
Number of Defects concerning which Notices were sent	...				21
Proceedings before Magistrates	...	...	...		—

OFFENSIVE TRADES.

Fried Fish Shops	...	...	...	...	7
Other Offensive Trades	...	...	...	...	—
Number of Inspections	...	...	...	...	47
Contraventions	...	...	...	...	—

DISINFECTION.

Rooms Disinfected by Spray :—					
(a) Ordinary Infectious Disease	...	...	...	...	55
(b) Tuberculosis	...	...	...	...	18
Rooms stripped and cleansed	...	...	...	...	10
Articles disinfected by steam at Disinfector :—					
(a) Ordinary Infectious Disease	...	...	...	...	148
(b) Tuberculosis	...	...	...	...	147
Articles voluntarily destroyed	...	...	...	...	9

PARTICULARS OF SANITARY DEFECTS REFERRED TO IN  
NOTICES SERVED AND LETTERS WRITTEN.

Water Closets repaired or supplied with water or otherwise improved	...	...	...	...	55
Drains cleared or cleansed	...	...	...	...	59
Defects in drains repaired	...	...	...	...	38
Drains reconstructed	...	...	...	...	20
Dust-bins provided	...	...	...	...	126
Overcrowding remedied	...	...	...	...	—
Accumulations of refuse removed	...	...	...	...	23
Nuisances from fowls and other animals abated	...				5
Damp-proof courses inserted in walls	...	...	...	...	53
Ventilation under floors provided	...	...	...	...	53
Other forms of dampness remedied	...	...	...	...	154
Yards paved and repaired	...	...	...	...	38
Floors repaired	...	...	...	...	33
Roofs, Gutters and Rain-water Pipes repaired	...				119
New Soil and Ventilating Pipes provided	...	...	...	...	33
Sinks and Wash-pipes repaired or renewed	...	...	...	...	49
Draw-taps fixed to Main Supply	...	...	...	...	6
Dirty Walls and Ceilings stripped and cleansed	...				561
Other Defects or Nuisances remedied	...	...	...	...	360

## FACTORIES, WORKSHOPS AND WORKPLACES.

### 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Prosecutions (4)
<b>Factories</b> ... .. (Including Factory Laundries)	18	5	—
<b>Workshops</b> ... .. (Including Workshop Laundries)	1 9	16	—
<b>Workplaces</b> ... .. (Other than Outworkers' premises)	—	—	—
<b>Total</b> ...	157	21	—

### 2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars (1)	Number of Defects.			Number of Prosecutions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts—</i>				
Want of Cleanliness ... ..	14	14	—	—
Want of Ventilation ... ..	—	—	—	—
Overcrowding ... ..	—	—	—	—
Want of drainage of floors ... ..	—	—	—	—
Other Nuisances ... ..	16	16	—	—
Sanitary accommodation { insufficient ... ..	—	—	—	—
{ unsuitable or defective ... ..	4	4	—	—
{ not separate for sexes ... ..	—	—	—	—
<i>Offences under the Factory and Workshop Acts</i>				
Illegal occupation of underground bake-house (s 101) ... ..	—	—	—	—
Other Offences ... ..	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
<b>Total</b> ...	34	34	—	—

SMOKE ABATEMENT.—Owing to the small number, and the nature, of the factories in the district there has been little occasion for action to abate nuisances from smoke. On only one occasion was representation made with regard to the emission of black smoke. This was due to the fact that a new feeding arrangement for oil fuel was being installed and emission of black smoke took place during the early trials of the mechanism. The defect was quickly remedied and there has been no occasion for complaint since.

PREMISES AND OCCUPATIONS CONTROLLED BY BYE-LAWS OR REGULATIONS.—There are no houses let-in-lodgings or common lodging houses in the district. There are no offensive trades. Fish frying, which has not been declared an offensive trade under the Public Health Act (Amendment) Act, 1907, is carried on at seven shops. These have been inspected regularly and there has been no occasion for complaint during the year.

SCHOOLS.—In connection with the prevention of spread of infectious disease notifications are received each week, and oftener if necessary, of all children absent from school on account of non-notifiable infectious disease. These notifications give very valuable information as to the incidence of infectious disease in the public elementary schools, which are under the supervision of the County Council, and enable visits to be made by the Health Visitor to the homes and facilitate advice being given to the parents on the treatment and prevention of spread of infection.

## HOUSING.

GENERAL HOUSING CONDITIONS IN THE AREA.—The general housing conditions in the area are comparatively good, but, unfortunately, on account of the dearth in the number of houses, as is the case throughout the country, overcrowding takes place in some of the smaller houses. Except in two or three small areas the state of the houses on the whole is good.

It is difficult to say what is the extent of the shortage of the housing accommodation, but it can be said that the conditions are worse than those in the adjoining district of Ealing.

There has been no unusual migration of population into or outside the district. The overcrowding which occurs is simply due to the natural increase in the population and the building of houses not keeping pace with it.



In my Annual Report of last year it was stated that the Council had projected a scheme by which 30 houses would be erected on the Hopefield Estate. This scheme has not materialised as quickly as was anticipated, but it is hoped that the actual building of the houses will be commenced in the near future.

A large amount of good work has been carried out in surveying the old houses in the district and in bringing about an improvement, not only in their general condition, but, as has already been mentioned, in their drainage. In getting the houses put into order a high standard has been aimed at and many, formerly in a very bad condition, have been put into a condition which will remain good for a number of years provided the tenants use them fairly. Unfortunately, owners are often handicapped greatly by the bad behaviour of the tenants inhabiting the houses.

To render houses fit for human habitation action has been invariably taken under the Public Health Acts. The procedure is simple and the results have been found to be satisfactory.

No complaints have been received or representations made with regard to unhealthy areas.

## HOUSING STATISTICS FOR THE YEAR

### A.—NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

(a) Total	...	...	...	...	...	69
(b) As part of a Municipal Housing Scheme	...					None

### B.—UNFIT DWELLING HOUSES.

#### *Inspection.*

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	633
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...			142
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...			None
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...		517

2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers ... ..	441
--	-----

3.—ACTION UNDER STATUTORY POWERS.

(a) Proceedings under Section 28 of the Housing, Town Planning, Etc., Act, 1919 :—

(1) Number of dwelling houses in respect of which notices were served requiring repairs ...	None
(2) Number of dwelling houses which were rendered fit :—	
(a) By Owners ... ..	None
(b) By Local Authority in default of Owners ...	None
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	None

(b) Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied ... ..	517
(2) Number of dwelling houses in which defects were remedied :—	
(a) By Owners or Occupiers ... ..	474
(b) By Local Authority in default of Owners ...	None

(c) Proceedings under Sections, 11, 14 and 15, of the Housing Act, 1925 :—

(1) Number of representations made with a view to the making of Closing Orders ... ..	None
(2) Number of dwelling houses in respect of which Closing Orders were made ... ..	None
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... ..	None
(4) Number of dwelling houses in respect of which Demolition Orders were made ... ..	None
(5) Number of dwelling houses demolished in pursuance of Demolition Order ... ..	None



## INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY. There are 22 retail purveyors of milk on the register. During the year four new applications were received for registration and all were agreed to as the premises were put into proper condition. Two of these applications were in respect of old premises whose previous occupiers were on the register.

There are no cow-keepers in the district. In all the retail premises mentioned a proper washing-up place, a proper store for keeping milk and a supply of steam for the proper cleansing of all churns and utensils used in the business have been insisted upon. All retailers have been impressed with the necessity of taking every step to conduct their business in a cleanly manner and to supply the public with a milk which has been properly handled. It may be said that 80 per cent. of the milk supplied in the district has been pasteurised by means of the postive-holder method and that it constitutes, therefore, a safe milk supply.

Under the Milk (Special Designations) Order, 1922, two licenses were granted to sell " Certified " milk, two to sell " Grade A (Tuberculin) Tested " milk and two to sell " Pasteurised " milk.

MEAT. There are two private slaughter-houses in the district. One of these is a registered and the other is a licensed slaughter-house. Under the Public Health (Meat) Regulations the butchers have notified the Sanitary Inspector of their intention to slaughter and the meat has been inspected in every case.

Most of the meat sold in the district, however, is purchased at the Smithfield Market from which it is transported to Hanwell for sale. Regular visits are made to all the butcher shops to inspect meat exposed for sale. During the year the following items of meat were found diseased or unsound and were voluntarily surrendered for destruction.

<i>Food</i>	<i>Quantity</i>
Beef ... ..	138 lbs.
Pork (Three carcasses affected with Tuberculosis) ... ..	219 lbs.
Offal ... ..	36 lbs.
Mutton ... ..	5 lbs.
Veal ... ..	138 lbs.

All the butchers' shops except one have been provided with glass windows. In this one, small frames of glass have been constructed to screen and protect the meat to some extent although they do not prevent the entrance of dust or flies from the top. It is surprising how well the butchers have complied with the Public Health (Meat) Regulations, 1924, and have been willing to assist in the protection the meat exposed in their shops for sale.

OTHER FOODS. Fish shops have been regularly inspected, but on the occasion of the Inspector's regular visits no unsound fish was found. One retailer notified the Inspector of the arrival of 65 pounds of fish which he considered unsound. The fish was inspected by the Inspector and found to be unsound. A certificate was given to the retailer so that he could make a claim against the wholesale dealer.

### PREVALENCE OF, AND CONTROL OVER, ACUTE INFECTIOUS DISEASE.

In Table IV are indicated the numbers of the various infectious diseases notified. It will be seen that there were only 10 cases of diphtheria, a marked decrease on the previous year, and 29 cases of scarlet fever, also a decrease on the previous year.

TABLE V.

Disease					1921	1922	1923	1924	1925
Diphtheria	...	...	...	...	36	85	85	126	10
Scarlet Fever	...	...	...	...	298	187	146	48	29
Enteric Fever (including Paratyphoid)					—	—	—	1	4
Puerperal Fever	...	...	...	...	2	—	1	1	1
Pneumonia :									
Primary	...	...	...	...	—	3	6	10	13
Influenzal	...	...	...	...	1	18	2	8	8
Acute Poliomyelitis	...	...	...	...	—	—	—	1	1
Cerebro-Spinal Fever	...	...	...	...	—	1	—	1	—
Malaria	...	...	...	...	—	—	—	—	—
Dysentery	...	...	...	...	—	—	—	—	—
Erysipelas	...	...	...	...	2	7	6	5	11
Encephalitis Lethargica	...	...	...	...	—	1	1	3	1
Tuberculosis :									
(a) Pulmonary	...	...	...	...	23	12	16	19	21
(b) Non-Pulmonary	...	...	...	...	20	8	4	4	6
Ophthalmia Neonatorum	...	...	...	...	3	4	2	1	3
Totals					385	326	269	228	108

SCARLET FEVER.—The number of cases of scarlet fever notified during the year is the lowest number recorded for at least fourteen years :—

<i>Cases Notified.</i>						
1912	1913	1914	1915	1916	1917	1918
58	63	129	114	55	32	30
1919	1920	1921	1922	1923	1924	1925
69	75	298	187	146	48	29

When scarlet fever patients are discharged from the Isolation Hospital they are visited by the Health Visitor for a fortnight to report on the occurrence of nasal or ear discharge and of sores which might prove infectious and cause “ return ” cases. Children are excluded from school for a fortnight after leaving the hospital, but if any of the conditions mentioned occur they are excluded for a further period and some degree of isolation at home is recommended until the conditions have cleared up.

DIPHTHERIA.—The number of cases of diphtheria is the lowest for at least fourteen years and is in marked contrast to the previous year. There were no deaths from the disease.

<i>Cases Notified.</i>						
1912	1913	1914	1915	1916	1917	1918
34	26	37	31	58	59	18
1919	1920	1921	1922	1923	1924	1925
30	38	36	85	85	126	10

Medical practitioners are offered facilities for the bacteriological diagnosis of diphtheria and for the early treatment of the disease by means of anti-toxin which is available at the Council Offices at any time and which is provided free for necessitous cases. Although bacteriological diagnosis is offered, medical practitioners are urged not to wait for this but to give anti-toxin where there is suspicion that the case is one of diphtheria. Diphtheria may progress very rapidly and if there is delay before the specific treatment is given the chances of recovery are lessened.

Table V shows the occurrence of cases of Scarlet Fever and Diphtheria in months through the year.



TABLE VI.

				Scarlet Fever.	Diphtheria.
January ...	...	...		2	1
February	...	...		—	3
March ...	...	...		2	—
April ...	...	...		—	—
May ...	...	...		2	—
June ...	...	...		—	1
July ...	...	...		1	—
August ...	...	...		1	—
September	...	...		8	—
October ...	...	...		2	—
November	...	...		7	3
December	...	...		4	2
Total ...				29	10

The number of cases notified in the four wards and in the various age-groups are indicated in Table VI.

TABLE VII.  
Cases of Infectious Disease notified during the year 1925.

Disease.	Ages of Cases Notified.											Totals.	Total Cases Notified in each Ward			
	Under One Year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65		1*	2*	3*	4*
Diphtheria ...	—	1	—	—	1	4	1	1	2	—	—	10	4	—	—	2
Scarlet Fever ...	1	1	2	—	5	10	5	—	4	1	—	29	18	5	5	1
Enteric Fever (including Paratyphoid) ...	—	—	—	—	—	—	—	—	1	2	1	4	—	4	—	—
Puerperal Fever ...	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—
Pneumonia: Primary	1	—	—	—	—	1	1	1	5	1	1	13	6	1	3	3
Influenza	—	1	—	—	—	—	—	—	5	1	1	8	2	1	1	4
Acute Poliomyelitis	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	2	—	—	11	—	2	1	3
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	1	5	—	—	1
Lethargica	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Tuberculosis:																
(a) Pulmonary { Male	—	—	—	—	—	—	1	2	6	—	—	14	5	2	4	3
{ Female	—	—	—	—	—	—	—	—	4	2	—	7	2	1	4	—
(b) Non-Pulmonary { Male	—	—	—	—	—	—	1	—	1	—	—	2	1	—	1	—
{ Female	—	—	—	—	1	—	1	—	2	—	—	4	1	—	2	1
Ophthalmia Neonatorum	3	—	—	—	—	—	—	—	—	—	—	3	—	2	—	—
Total	5	5	2	—	7	15	10	5	33	7	15	108	44	22	23	19

\* (1) East Central, (2) North, (3) South, (4) West Central.



**TYPHOID FEVER.**—Two cases of typhoid and two cases of paratyphoid B fever were notified during the year. The former occurred in one house in July and the latter in another house in August. Infection in the first case of typhoid fever occurred elsewhere, the patient being ill when she arrived in Hanwell. She was nursed at home by her mother-in-law who later developed the disease.

The origin of the first paratyphoid case could not be ascertained but the second was due to infection received whilst nursing her mother. All four cases recovered.

**PUERPERAL FEVER.**—One case of puerperal fever or sepsis was notified. This case, which proved to be a very mild one, occurred in the practice of a doctor, the nurse who was present not taking any part in the conduct of the case.

**OPHTHALMIA NEONATORUM.**—Three cases of ophthalmia neonatorum were notified during the year. Two of the cases occurred with a doctor in attendance and one with a midwife. One was a mild case which was treated at home and two were severe cases which were admitted to hospital. All three recovered with the eyesight unimpaired.

**ENCEPHALITIS LETHARGICA.**—Only one case of this disease was notified. This was a female, 19 years of age, who was admitted in December to a London hospital. She attended the hospital for some time afterwards as an indoor patient and later returned to work apparently well.

**GENERAL PROCEDURE WITH RESPECT TO NOTIFIABLE INFECTIOUS DISEASES.**—All cases of infectious disease are investigated by the Sanitary Inspector who submits his report on a printed form to the Medical Officer of Health, who may make further investigations personally or examine other suspected members of the family or enquire regarding "contacts" or possible "carriers" in school, or may give instructions as to further investigations to be pursued by the Inspector or Health Visitor. "Contacts," if they are school children, are excluded from school for a sufficient period, or, if adults engaged in handling food, are given suitable directions as to the resumption of work. "Carrier" cases are isolated at home, but if this is not practicable they are sent to the Isolation Hospital.

When a case, say of scarlet fever or diphtheria, is removed to the Isolation Hospital the bed-clothing and the immediate clothing of the patient are disinfected at the home by means of the formalin spray, but when a case of scarlet fever or diphtheria has been nursed at home, or a case of typhoid is removed to hospital or nursed at home, the bed and body clothing are removed to the steam disinfectors for treatment. In neither instance is it considered necessary for the furniture or walls to be disinfected.

NON-NOTIFIABLE INFECTIOUS DISEASES.—Diseases coming under this category gave little concern during the year. Whooping cough and measles were only slightly prevalent and were comparatively mild in character, only one death being recorded from the former and none from the latter. In the control of these diseases and in the supervision of cases, the notifications received from the public elementary schools are very valuable.

TUBERCULOSIS.—The following table shows the number of new cases of tuberculosis notified during the year, together with the deaths, in age groups :—

TUBERCULOSIS.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulm'y		Pulmonary		Non-Pulm'y	
	Male	F'male	Male	F'male	Male	F'male	Male	F'male
0—1	—	—	—	—	—	—	—	—
1—5	—	—	—	1	—	—	—	—
5—10	—	—	—	—	—	—	—	—
10—15	1	—	1	1	—	—	1	1
15—20	2	—	—	—	1	—	1	—
20—25	2	2	1	1	2	1	—	—
25—35	4	2	—	1	2	2	—	—
35—45	—	2	—	—	—	2	—	—
45—55	5	1	—	—	1	1	—	—
55—65	—	—	—	—	1	—	—	—
65 upwards	—	—	—	—	—	—	—	—
Total ...	14	7	2	4	7	6	2	1

Medical practitioners are now much more careful in notifying cases of tuberculosis so that omissions to notify are few. During the year only two deaths from tuberculosis were registered of persons who had not been previously notified as suffering from tuberculosis.

There was no occasion to take action under Article 5 of the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 62 of the Public Health Act, 1925, Hanwell is included in the Tuberculosis Scheme of the County Council. With the Tuberculosis Officer there is intimate and cordial co-operation.

OTHER INFECTIOUS DISEASES.—In Table VI is given the number of all forms of infectious disease and the ages of the persons affected.

The deaths from the various infectious diseases are indicated in Table VII. It will be noted that of the 25 deaths from infectious disease, 8 were due to primary pneumonia and 16 due to tuberculosis.

TABLE VIII.

AGES AT DEATH FROM NOTIFIABLE INFECTIOUS DISEASES.

Disease.	Under One Year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up- wards	Totals
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever (including Paratyphoid) ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Sepsis ...	—	—	—	—	—	—	—	—	—	—	—	—	1
Pneumonia: Primary ...	2	1	—	—	—	—	—	—	2	—	1	2	8
Influenzal ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis:	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Pulmonary { Male	—	—	—	—	—	—	—	1	4	—	2	—	7
{ Female	—	—	—	—	—	—	—	—	3	2	1	—	6
(b) Non-Pulmonary { Male	—	—	—	—	—	—	1	1	—	—	—	—	2
{ Female	—	—	—	—	—	—	—	1	—	—	—	—	1
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	2	1	—	—	—	—	1	3	9	3	4	2	25



### BACTERIOLOGICAL WORK.

In connection with the bacteriological diagnosis of diphtheria and tuberculosis the following specimens were examined at the Ealing Public Health Laboratory :—

		<i>Positive</i>	<i>Negative</i>	<i>Total</i>
Diphtheria ...	...	4	141	145
Tuberculosis	...	13	23	36
<hr/>				
Total ...	...	17	164	181
<hr/>				

### MATERNITY AND CHILD WELFARE.

The scheme of Maternity and Child Welfare work has undergone no alteration in the last two years. The staff taking part in the scheme consists of Dr. J. A. Davidson, a part-time medical officer, who examines the children brought to the Welfare Centre, and who keeps the children at the Day Nursery under medical supervision ; Dr. J. W. Bell, also a part-time officer, who examines and gives advice to mothers at the Ealing Welfare Centre and who also acts as obstetrical consultant to medical practitioners in complicated confinements ; Miss K. E. Williams, whole-time Health Visitor, who is assisted admirably in her work at the Welfare Centre by a voluntary Ladies' Committee, three of whom are members of the Maternity and Child Welfare Committee and Miss Exon, Matron of the Day Nursery.

A short general survey of the whole scheme of maternity and child welfare work may be given :—

*As regards the Mother.*

(1) Expectant mothers, who may be discovered through their attendance at the Welfare Centre or in the course of the routine home visiting, are visited by the Health Visitor and given appropriate advice.

(2) Consultations for expectant mothers are arranged, with the permission of the Ealing Town Council, at the Ealing Welfare Centre. Doctors and Midwives are encouraged to send expectant mothers to be seen by the consultant, Dr Bell, who in all such cases communicates with the doctor or midwife.

(3) Home helps are provided out of voluntary funds for mothers when their babies are born at home.



(4) Maternity Aid is provided in two ways, either by supplying out of voluntary funds a midwife when the mother is in necessitous circumstances and is desirous of having her baby at home, or by securing the admission of the mother to the Chiswick and Ealing Maternity Hospital, to the Committee of which the Hanwell Council guarantees the fees of 3½ guineas per week. Towards these fees the mothers contribute according to their financial circumstances. During the year 33 cases were admitted to the Maternity Hospital, and the contributions of the mothers amounted to £159 6s. 0d., or an average of £4 16s. 7d. per patient for the 14 days in hospital.

(5) Consultant Aid for medical practitioners. Medical practitioners may call in the Consultant, Dr Bell, whenever they desire advice or assistance in abnormal or complicated confinements.

(6) Investigation into cases of Puerperal Fever and Maternal Deaths.—Enquiries are made as a routine procedure regarding cases of puerperal fever and, when considered desirable, regarding deaths arising out of child-birth. Information regarding the latter is usually obtained through the Registrar's weekly returns and when further information is desired the medical practitioner in attendance is, as a rule, most willing to supply it.

During the year there was only one case of puerperal fever. This was of a very mild character and had a very favourable result. There were no deaths from conditions or complications arising out of pregnancy or parturition.

If necessary, cases of puerperal fever are admitted to the Chiswick and Ealing Isolation Hospital or to the West Middlesex Hospital.

(8) Hospital Treatment of Abnormalities resulting from Child-birth.—Abnormalities of this description, which so often result in chronic invalidism, are seen by the ante-natal consultant who is able to give advice as to palliative or operative treatment. When the latter is required the patient can receive treatment at the Hanwell Cottage Hospital at which institution the ante-natal consultant is the consulting surgeon for such conditions.

(9) Milk for Expectant and Nursing Mothers.—Milk is provided free of charge to expectant or nursing mothers who are in necessitous circumstances. During the year milk was supplied to 22 expectant and 27 nursing mothers, in addition to the 18 children mentioned below, the periods of supply ranging from one to seven months.

*As regards the Child.*

(1) Visiting of infants and children under 5 years of age.—During the year the Health Visitor made 328 first visits and 863 return visits to children under one year and 961 visits to children between one year and 5 years of age.

(2) Consultations at Welfare Centre.—At the Welfare Centre there were 348 visits of children for the first time and 4,321 subsequent visits. During the year there were 1,102 examinations of children made by the medical officer of children up to 5 years of age.

(3) Treatment of Sick Children.—Although no special arrangements have been made between the Council and the Hanwell Cottage Hospital three beds are reserved for children. Wasting or badly thriving children, when special nursing is necessary, are sometimes referred to the Cottage Hospital from the Welfare Centre.

(4) Home Visiting of cases of measles, ophthalmia neonatorum, whooping cough, poliomyelitis and epidemic diarrhoea is carried out by the Health Visitor and when nursing assistance is required the District Nurse may be called in. The Council makes a contribution to the funds of the Nursing Association in return for which the nurse is available to give assistance in such cases.

(5) Care of Children at Day Nursery.—At the Day Nursery children up to 5 years of age, whose mothers, usually widows or unmarried mothers, have to go out to work during the day, are cared for at a charge of 9d. to 1/- each day. There is accommodation for 24 children but seldom is this number approached even with an addition of up to six children from Ealing.

(6) Investigation of Infant Deaths and Still-births.—As part of the general scheme to preserve infant life, investigations are made into infant deaths to determine the cause and to enable preventive measures to be applied in the future.

(7) Milk for Children.—Milk is provided free for children whose parents are in necessitous circumstances. During the year milk was supplied for 18 children.

(8) Dried Milk, Virol, Paraffin, Etc.—These articles which are frequently prescribed at the Centre are sold to mothers at wholesale prices. In some necessitous cases they are provided free out of the voluntary funds already mentioned.

**The following is a Summary of the Work of the Health Visitor.**

Visits to Children under 12 months :— .					
First Visits	...	...	...	...	328
Return Visits	...	...	...	...	863
Visits to Children 1 to 5 years of age	...	...	...	...	901
Visits to Expectant Mothers	...	...	...	...	450
Visits to Children or Mothers attending the Welfare Centre	...	...	...	...	357
Visits to investigate Infant Deaths and Still-Births	...	...	...	...	26
Visits to Cases of Ophthalmia Neonatorum	...	...	...	...	9
Visits to Cases of Puerperal Fever	...	...	...	...	2
Visits to Cases of Measles and Whooping Cough	...	...	...	...	282
Visits to Cases of Tuberculosis	...	...	...	...	85
Visits to Cases of Scarlet Fever and Diphtheria on discharge from the Isolation Hospital	...	...	...	...	35
Visits to Non-notifiable Infectious Disease other than above	...	...	...	...	379
Other Visits and Investigations	...	...	...	...	305
Total Visits					4,022
Interviews, &c.	...	...	...	...	986

**The following is a Summary of the Work of the Welfare Centre during the Year.**

Number of Children on the Register at end of year	...	...	678
Mothers visiting the Centre for first time	...	...	319
Children visiting Centre for the first time	...	...	348
Total attendances made by mothers	...	...	4,198
Total attendances made by children	...	...	4,669
Average attendance of children each afternoon :			
Tuesdays	...	...	57
Thursdays	...	...	37
Number of Consultations by Medical Officer	...	...	1,102
Average number of children seen by Medical Officer each afternoon	{ Tuesdays	...	15
	{ Thursdays	...	8
Children referred to Hanwell Memorial Hospital for	{ O.P.	...	126
Minor Ailments	{ I.P.	...	17



Mothers attending Ante-Natal Clinic ...	...	...	42
Number of Consultations by Consultant at Centre	...	...	63
Number of Maternity Cases treated at the Chiswick and Ealing Maternity Hospital	...	...	33
Dried Milk supplied at Cost Price	...	Value £532-15-0	
Virol supplied at Cost Price	...	Value £31- 2-10	
Cod Liver Oil supplied at Cost Price	...	Value £55-10-5	
Expectant or Nursing Mothers receiving a supply of Milk free of charge	...	...	49
Children under 5 years of age receiving a supply of Milk free of charge	...	...	18

DAY NURSERY.

Whole Day Attendances	...	...	3,578
Half-day Attendances	...	...	150
Amount received from Parents	...	£221 15 3	

THOMAS ORR, M.D., D.Sc.,

Medical Officer of Health.